

PO Box 295  
Trenton, NJ 08625-0295

# NEW JERSEY STATE EMPLOYEES DEFERRED COMPENSATION PLAN

CHANGE  
REQUEST

## PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER	SUFFIX
— — — — —	

— F O R P E R S O N N E L U S E O N L Y —

PAYROLL CENTER

CHECK DISTRIBUTION CODE									

PLEASE PRINT	Participant's Name — <i>First, M.I., Last</i>

## SECTION A — CHANGE, SUSPENSION OR RESUMPTION OF PAYROLL DEDUCTIONS

I HEREBY ELECT TO: **SUSPEND MY DEFERRAL** ☐**RESUME MY DEFERRAL** ☐**CHANGE MY DEFERRAL** ☐ENTER PERCENTAGE  
TO BE DEFERRED  %

FOR ADMINISTRATORS USE ONLY		
EFFECTIVE DATE	<input type="text"/>	<input type="text"/>
	MO	DAY
		YEAR

## SECTION B — CHANGE IN INVESTMENT ELECTION

I HEREBY DIRECT THAT MY FUTURE DEFERRED COMPENSATION BE INVESTED AS INDICATED BELOW:

EXAMPLE: 15% ENTERED AS  %FUND 1 - (BOND):  %

YOUR INVESTMENT CHOICES MUST BE MADE IN MULTIPLES OF 1%.

FUND 2 - (EQUITY):  %

INVESTMENT CHOICES IN THE VARIOUS FUNDS MUST TOTAL 100%.

FUND 3 - (MONEY MARKET):  %

FOR ADMINISTRATORS USE ONLY		
EFFECTIVE DATE	<input type="text"/>	<input type="text"/>
	MO	DAY
		YEAR

FUND 4 - (SMALL CAP EQUITY):  %  
1 0 0 %

## SECTION C — TRANSFER OF INVESTMENT BALANCE(S)

I HEREBY DIRECT THE REINVESTMENT OF MY ACCOUNT BALANCE(S) AS FOLLOWS:

EXAMPLE: 15% ENTERED AS  %FUND 1 - (BOND):  %

YOUR INVESTMENT CHOICES MUST BE MADE IN MULTIPLES OF 1%.

FUND 2 - (EQUITY):  %

INVESTMENT CHOICES IN THE VARIOUS FUNDS MUST TOTAL 100%.

FUND 3 - (MONEY MARKET):  %

FOR ADMINISTRATORS USE ONLY		
EFFECTIVE DATE	<input type="text"/>	<input type="text"/>
	MO	DAY
		YEAR

FUND 4 - (SMALL CAP EQUITY):  %  
1 0 0 %☐ CHECK THIS BOX IF RETIRED OR SEPARATED FROM EMPLOYMENT

## SECTION D — REQUIRED SIGNATURES

I understand that all changes requested above are subject to the PLAN's provisions and will be effective, in accordance with the PLAN, as soon as administratively feasible.

PARTICIPANT'S SIGNATURE	DAYTIME TELEPHONE NUMBER	DATE
AUTHORIZED PERSONNEL REPRESENTATIVES SIGNATURE	TELEPHONE NUMBER	DATE

## SECTION E — CHANGE REQUEST CONFIRMATION (Deferred Compensation Use Only)

ADMINISTRATOR'S SIGNATURE	DATE	BATCH NUMBER
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## INSTRUCTIONS FOR FILING A DEFERRED COMPENSATION CHANGE REQUEST FORM

**PARTICIPANT INFORMATION** - Enter your Social Security number and name in the appropriate blocks. If you have multiple accounts with the plan, please indicate the appropriate suffix.

### SECTION A

**CHANGE, SUSPENSION, OR RESUMPTION OF PAYROLL DEDUCTION** - Indicate the reason for completing this form.

**TO SUSPEND** your deferral, check the appropriate box and proceed to Section D.

**TO RESUME OR CHANGE** your deferral, check the appropriate box. Then enter the percentage (no fractional percentages) you wish to have deducted from your salary each regular pay period (for purposes of calculating a deferral percentage, base salary is reduced by pension and tax-sheltered contributions). The deferral percentage you select must be between 2% and 25%.

### SECTIONS B & C

**(B) CHANGE IN INVESTMENT ELECTION** - Choose one, two, three, or four of the funds listed below in which you want your deferral to be invested. Your percentage total must be in multiples of 1% and must total 100%.

**(C) TRANSFER OF INVESTMENT BALANCE(S)** - You may elect to transfer all or part of your fund balance from your present fund(s) to any of the remaining fund(s). You may also reinvest the value of your account balance in any of the other Investment Funds if you have terminated employment or retired and have chosen to receive delayed or installment payments. Your percentage total must be in multiples of 1% and must total 100%.

**FUND 1 - BOND FUND** - Your money is invested primarily in US Treasury Bonds.

**FUND 2 - EQUITY FUND** - Your money is invested primarily in Common Stock.

**FUND 3 - MONEY MARKET FUND** - Your money is invested primarily in CD's, NJ Cash Management Fund, Commercial Paper, and US Government Securities.

**FUND 4 - SMALL CAP EQUITY FUND** - Your money is invested in common or preferred stocks of companies with total market capitalization of less than \$1.3 billion.

### SECTION D

**REQUIRED SIGNATURES** - Your signature and date are required. The authorized personnel or payroll representative's signature and date are required from your place of employment prior to receipt in the Deferred Compensation Section, unless you are retired or separated from service.

### SECTION E

**CHANGE REQUEST CONFIRMATION** - You or your Personnel or Payroll office should not complete this section. Upon receipt, the Deferred Compensation Section will certify the effective date(s) of the change(s) and send a confirmation to your mailing address on record in this office.